

Approved For Release 2000/05/03 : CIA-RDP64-00360R000400120036-6

SERVICES OTHER THAN PERSONAL

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				634	99
		STATINTL					

PAYMENT:

Complete ☐
 Partial ☐
 Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 634 99

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Date 10/22/56 only)

STATINTL

Per _____ when a like o _____

Amount verified; correct for
(Signature or initials) *[Signature]*

634 99

Contract No. A101

Date _____

Req. No. _____

Date _____

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

By _____
APPROVING OFFICERSIGN
ORIGINAL
ONLY

Title _____

Date _____

CONTRACTING OFFICER

Title _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

STATINTL STATINTL

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
 { Cash, \$ _____, on _____, 19____ } favor of payee named above.

(Sign original only)

* When a voucher is prepared, the name of the person or organization to whom the payment is made, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
 † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and

Title _____

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Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. _____ COST REIMBURSABLE _____ Sheet No. 1 of Bureau Voucher No. 434
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
STATINTL		<u>Contract A-101 - System IV -</u>					
STATINTL		Direct Costs properly chargeable to Contract A-101 for the year 1955.					
		Overhead computed for Contract A-101 for the year 1955 at final approved rate - [REDACTED]					STATINTL
		<u>Less - Overhead for 1955 previously billed</u>					
		Total Costs					<u>634.99</u>